

Additional information

The accompanying form is to be completed by an eligible Health Care Professional who is familiar with the student's disability, medical condition or mental health condition, and is able to provide an evaluation of the level of impact of the condition/circumstances that may have caused impacts or may have prevented the student from attending an examination, completing an assessment task, or attending relevant classes or sessions.

Federation University is committed to providing services, study and assessment adjustments which aim to minimise the impact on learning for students with a disability and to enable full and equal participation in university life.

In order to meet its obligations under the *Disability Discrimination Act 1992*, Disability and Learning Access Officers (DLAOs) identify reasonable adjustments and services after receiving this report, completed by the student's Health Care Professional.

A health care professional must be AHPRA registered Medical Practitioners (GPs), AHPRA registered Clinical Psychologists, AHPRA registered Psychiatrists, Occupational Therapists, Audiologists, Ophthalmologists, Federation University Counselling service staff, or Registered Counsellors (being a member of one of the APS, the AASW, or the ACA).

Note: Specific Learning Disabilities, such as Dyslexia, are permanent. Past diagnostic evidence such as an Assessment from an Educational Psychologist, assists DLAOs to produce Learning Access Plans (LAPs) and apply specialists' recommendations for learning success. Students should contact the Disability and Learning Access Unit for advice if formal assessment documents are not available.

Recommendations in this Health Care Professional Certification Form are included in a LAP to inform academic and administrative staff about reasonable academic adjustments to learning and assessment programs.

Eligible Health Care Professionals

Eligible health care professionals include, but are not limited to:

- AHPRA registered General Practitioners (GPs);
- AHPRA registered Psychiatrists;
- AHPRA registered Psychologists;
- University or Partner Provider Counselling service staff; or
- Registered Counsellor (being a member of one of the APS, the AASW, or the ACA);
- PACFA (Psychotherapy and Counselling Federation of Australia); or
- Other AHPRA registered practitioners which diagnose and treat medical conditions.

Health Care Professional Certification forms which do not contain all of the required information will not be accepted.

Evaluating the impact of a condition/circumstance

The Health Care Professional Certification (Disability Services) form requires the professional to rate the level of impact a condition/circumstance has on a student's ability to attend examinations, complete assessments, or attend relevant classes or sessions.

Unwilling or unable to use University's Disability Services Health Care Professional Certification

If the appropriate professional is unwilling or unable to use the University's Health Care Professional Certification (Disability Services) form, the University will accept a medical certificate (bearing the Provider/Licence/Registration number and Official Stamp), stating in reasonable detail:

- The dates of any relevant consultations or attendances;
- If relevant, the nature of the complaint and the treatment; and
- A specific statement that in the health care professional's opinion (**not the student's opinion**) that, as a result of the disability, medical condition or mental health condition, the student is, or was impacted in a way that means they are unable to undertake the assessment or examination.

Please note: Medical Certificates which do not contain all this information will not be accepted. The University may contact the Health Care Professional to verify details contained on this form.

Privacy and Confidentiality

The purpose of this documentation is to provide medical evidence to support reasonable adjustments.

Confidentiality in accordance with the university's Privacy Policy is assured.

Federation University Australia ('the University') is committed to protecting and maintaining the privacy, accuracy and security of personal information. The sharing of the information in this form must comply with the University's Information Privacy Policy, which can be accessed at:
http://policy.federation.edu.au/university/general/information_privacy/ch01.php

Individuals have a right of access to, and correction of, their personal information in accordance with privacy legislation and the University's Information Privacy Policy. Please direct any enquiries in this regard to the University's Privacy Officer by telephone on (03) 5327 9504 or email privacyofficer@federation.edu.au

Warning – Uncontrolled when printed! The current version of this document is kept on the Federation University website.

Authorised by: Coordinator, Disability Services
Document Owner: Disability Services
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Original Issue: 30/05/2022
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Review Date: 01/07/2023

Student to complete:

Personal Details	
Fed Student ID No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Student Name	<input type="text"/>

Health Professional to complete in consultation with student:

Patient	<input type="radio"/> First Contact <input type="radio"/> Ongoing Patient
Consultation dates (most recent, max. six)	<input type="text"/>
Name of disability, medical condition or mental health condition	<input type="text"/>
Disability, medical condition or mental health condition details (Please select type)	<input type="radio"/> Chronic illness/medical condition <input type="radio"/> Mobility/Physical <input type="radio"/> Learning Disability <input type="radio"/> Neurological <input type="radio"/> Mental health <input type="radio"/> Sensory <input type="radio"/> Intellectual <input type="radio"/> Other (Please specify):
Indicate duration	<input type="radio"/> Permanent <input type="radio"/> Ongoing <input type="radio"/> Temporary < 6 months
Indicate nature of condition	<input type="radio"/> Fluctuating <input type="radio"/> Constant <input type="radio"/> Improving <input type="radio"/> Degenerating

Impact of the condition
Details of how the student's disability, medical condition or mental condition impacts on the student's ability to study

For example: Unable to undertake work required to complete assessments during the specified time due to reduced ability to concentrate, fatigue, chronic pain etc.

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Disability Services
disability@federation.edu.au

Recommendations / additional information /

What strategies or adjustments would you recommend to minimise the impact of the disability, medical condition or mental health condition?

For example: short extensions to complete written assessment, extra time in examinations, regular rest breaks, reduced study load, etc.

Are you related to the student? No Yes **If yes, what is the relationship?**

Health Care Professional Details and Declaration

Name			
Address			Postcode
Telephone			
Signature			

Type of Health Care Professional			
AHPRA / Provider No			Stamp
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

PRINT THIS FORM,
and sign and date in the space provided above. After your treating health care professional has filled it out, please hand in to the Disability and Learning Access Officer you are registered with or email to disability@federation.edu.au with any additional evidence you may think is important.

